Maine Human Rights Commission SI State House Station Augusta, ME 04333-0051 Phone: (207) 624-6063 Toll-free TDD: 1-888-577-6690 HOUSING INTAKE QUESTIONNAIRE	M: H B:1/C ::	CI E		
Augusta, ME 04333-0051 Date:	Maine Human Rights Commission	Charge Framer:		
Phone: (207) 624-6050 Fax: (207) 624-6063 Toll-free TDD: 1-888-577-6690 HOUSING INTAKE QUESTIONNAIRE Name (Please print):		Not Docketable:		
Fax: (207) 624-6063 Toll-free TDD: 1-888-577-6690 HOUSING INTAKE QUESTIONNAIRE Name (Please print):	<u> </u>	Date:		
HOUSING INTAKE QUESTIONNAIRE				
HOUSING INTAKE QUESTIONNAIRE	. ,			
Name (Please print):	Toll-free TDD: 1-888-5//-6690			
Signature:	HOUSING INTAK	E QUESTIONNAIRE	4	
Signature:	Name (Please print):	Home Ph	one:	
Mailing address:		Work Pho	one:	
Mailing address:	Signature:			
County: (City/Town) (State) (Zip Code) List all other members of your household: 1. Name:				
List all other members of your household: 1. Name: Minor child? YesNo 2. Name: Minor child? YesNo 3. Name: Minor child? YesNo 4. Name: Minor child? YesNo 5. Name: Minor child? YesNo 6. Name: Minor child? YesNo Name of a relative, friend or neighbor who would know how to reach you: Name: Relationship: Phone:	Mailing address:			
List all other members of your household: 1. Name:		County:		
1. Name:	(City/Town) (State) (Zip Code)			
1. Name:	List all other members of your household:			
2. Name:	•	Minor child? Ye	s No	
Minor child? Yes_No_	Name:	Minor child? Ye		
4. Name: Minor child? YesNo 5. Name: Minor child? YesNo 6. Name: Minor child? YesNo Name: Relationship: Phone: Name: Relationship: Phone: Mailing address: (City/Town) (State) (Zip Code) I believe I have been discriminated against in housing based on: (Check all that apply)	3 Name:	Minor child? Ye		
5. Name: Minor child? YesNo 6. Name: Minor child? YesNo Name of a relative, friend or neighbor who would know how to reach you: Name: Relationship: Phone: Mailing address: (City/Town) (State) (Zip Code) I believe I have been discriminated against in housing based on: (Check all that apply) Race Color Religion National origin/ancestry Sex Sexual orientation Minor children. I am the parent; legal guardian; I have written permission of the parent or legal guardian; I am in the process of obtaining legal custody Receipt of public assistance (indicate type)			s No	
Name of a relative, friend or neighbor who would know how to reach you: Name: Relationship: Phone:	5 Name:	Minor child? Ye	s No	
Name of a relative, friend or neighbor who would know how to reach you: Name:	6 Name:			
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Name:	Name of a relative friend or neighbor who was	uld know how to reach	von.	
Mailing address: (City/Town) (State) (Zip Code) I believe I have been discriminated against in housing based on: (Check all that apply) Race □Color □Religion □National origin/ancestry □Sex □Sexual orientation □Minor children. I am the □ parent; □ legal guardian; I have written permission of the parent or legal guardian; □ I am in the process of obtaining legal custody Receipt of public assistance (indicate type) □ Physical disability (indicate type) □ Mental disability (indicate type) □ Mental disability (indicate type) State: Zip Code: County:	Name of a relative, friend of neighbor who woo	and know now to reach	you.	
I believe I have been discriminated against in housing based on: (Check all that apply) □Race □Color □Religion □National origin/ancestry □Sex □Sexual orientation □Minor children. I am the □ parent; □ legal guardian; I have written permission of the parent or legal guardian; □ I am in the process of obtaining legal custody □ Receipt of public assistance (indicate type) □ Physical disability (indicate type) □ Mental disability (indicate type) □ Mental disability (indicate type) □ City/town: State: Zip Code: County:	Name: Rela	ationship:	Phone:	
I believe I have been discriminated against in housing based on: (Check all that apply) □Race □Color □Religion □National origin/ancestry □Sex □Sexual orientation □Minor children. I am the □ parent; □ legal guardian; I have written permission of the parent or legal guardian; □ I am in the process of obtaining legal custody □ Receipt of public assistance (indicate type) □ Physical disability (indicate type) □ Mental disability (indicate type) □ Mental disability (indicate type) □ City/town: State: Zip Code: County:	Mailing address:			
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Race □Color □Religion □National origin/ancestry □Sex □Sexual orientation □Minor children. I am the □ parent; □ legal guardian; I have written permission of the parent or legal guardian; □ I am in the process of obtaining legal custody □ Receipt of public assistance (indicate type) □ Physical disability (indicate type) □ Mental disability (indicate type) □ Mental disability (indicate type) □ The property involved is located at: Street address: □ State: □ Zip Code: □ County: □ Coun				
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□Minor children. I am the □ parent; □ legal guardian; I have written permission of the parent or legal guardian; □ I am in the process of obtaining legal custody □ Receipt of public assistance (indicate type) □ Physical disability (indicate type) □ Mental disability (indicate type) □ Mental disability (indicate type) □ The property involved is located at: Street address: City/town: State: Zip Code: County:				
or legal guardian; □ I am in the process of obtaining legal custody □ Receipt of public assistance (indicate type) □ Physical disability (indicate type) □ Mental disability (indicate type) □ The property involved is located at: Street address: City/town: State: Zip Code: County:				
☐ Receipt of public assistance (indicate type) ☐ Physical disability (indicate type) ☐ Mental disability (indicate type) ☐ The property involved is located at: Street address: City/town: State: Zip Code: County:			i perimssion c	or the parent
☐ Physical disability (indicate type) ☐ Mental disability (indicate type) The property involved is located at: Street address: City/town: State: Zip Code: County:	Descript of public aggistance (indicate type)	anning legal custody		
☐ Mental disability (indicate type) The property involved is located at: Street address: City/town: State: Zip Code: County:	Dhysical disability (indicate type)			
The property involved is located at: Street address: City/town: State: Zip Code: County:				
Street address:	indicate type)			
Street address:				
Street address:	The property involved is located at:			
City/town: State: Zip Code: County:	~			
Rental amount: Security deposit: Utilities included? \(\subseteq Yes \) \(\subseteq No \)		Zip Code:	County:	
	Rental amount: Security deposit:	Utili		□Yes □No

Name	of apartment complex:			
□Sing	of housing involved: □Apartment (If so, how many gle family dwelling □Mobile home park □Ow her of bedrooms: Number of rooms other than beginning to be compared to the	ner-occupied		
	did you find out that the Maine Human Rights Commaints?	nission handles housing discrimination		
The p	eople/companies that discriminated is/are:			
1.	Name:	Home Phone:		
	Mailing address:	Work Phone:		
		County:		
	(City/Town) (State) (Zip Code) □Owner □Manager □Neighbor □Broker □Other:			
2.	Name:	Homa Phona:		
۷.	Mailing address:	Work Phone:		
	maning address.	County:		
(City/Town) (State) (Zip Code) □Owner □Manager □Neighbor □Broker □Other:				
3.	Name:	Home Phone:		
5.	Mailing address:	Work Phone:		
	(City/Town) (State) (Zip Code) □Owner □Manager □Neighbor □Broker □Otl			
Ongoi Type □ □Not □Disc	st date of discrimination Latest date on the second	assment		
_	ou wish to obtain or retain the unit? □Yes □No You have the money for rent and the security deposit?	·		

Provide a detailed account of your discrimination complaint on the back of this form or on a separate piece of paper.